

## Ralph Nader Radio Hour Ep 351 Transcript

**Steve Skrovan:** Welcome to the *Ralph Nader Rader Hour*. My name is Steve Skrovan along with my co-host, David Feldman. Hello, David.

**David Feldman:** Hello, Steve. Hello, everybody.

**Steve Skrovan:** And also, the man of the hour, Ralph Nader. Hello, Ralph.

**Ralph Nader:** Hello. Get your saltshaker off the table.

**Steve Skrovan:** Yes, this show is definitely going to be worth its salt, and I hope you enjoy the rest of the salt puns we'll be doing throughout the show. There are a hundred thousand deaths every year that could be prevented by eating less of one thing. It's not sugar; it's not fat; it's salt. And yet this sodium is the biggest killer in the American diet, according to our first guest, Dr. Michael Jacobson. He's the author of the book, *Salt Wars*, and in it he contends that this Salty Darth Vader receives far less public attention than sugar and fat do. Salt causes high blood pressure, heart attacks, and strokes, and yet the American food industry and a small group of scientists—believe it or not—fight government efforts to reduce the sodium in our foods.

In the second part of the program, we're going to talk about another way to stay healthy by keeping your healthcare working. We are reaching that time of year when people need to re-enroll in Medicare, and this is a prime time for scammers. Last year, we lost \$60 billion to Medicare fraud. Our second guest, Elliot Greenblott, is an expert on the Medicare fraud racket, and he's going to tell us how to avoid falling victim to it.

In between, we will as always, take some time to check in with our corporate crime reporter, Russell Mokhiber. But first, Campbell's Chicken [Noodle] soup is known as a salt bomb, meaning that more than a day's worth of sodium is packed into that one meal. Let's find out what other foods are turning our circulatory system into salt mines. David?

**David Feldman:** Michael Jacobson holds a PhD in microbiology from MIT. He is well known for his nutrition advocacy that helped eliminate artificial trans fat from the food supply, expose

the enormous calorie counts of movie theater popcorn and many restaurant foods, and make nutrition facts mandatory on food packages. Dr. Jacobson is the author of *Salt Wars: The Battle Over the Biggest Killer in the American Diet*. Welcome to the *Ralph Nader Rader Hour*, Michael Jacobson.

**Dr. Michael Jacobson:** Thank you very much. Good to be here.

**Ralph Nader:** Michael and I go back a long way. About 50 years ago, I went up to MIT to interview graduate students to join our work in Washington, and Michael was there. And I remember he was sitting across a table from me, and I was interviewing him. And I said, you know, this work we're doing in Washington is not for short-term runners; this is for the long-term. Are you interested in the long-term? And he said, yes. Well, 50 years or so, and he's still at it. He also co-founded, with two other scientists, the Center for Science in the Public Interest, which he directed for decades until he became the chief scientist because he wanted to do more writing. And the Center for Science in the Public Interest, issues, among other things, *Nutrition Action*, which is one of the largest circulation food and nutrition newsletters. Anybody who is interested, [it's] so readable, you could interest your own tween child in reading it. Just remember, *Nutrition Action*, [and] we'll tell you how to get it later in the interview. Mike, let's start very basic here. Salt is, of course, sodium chloride. Where does it come from in terms of what's put in the food by the food companies and what we put into food at the dinner table?

**Dr. Michael Jacobson:** Well, it turns out the saltshaker isn't the problem. The main problem is the processed foods we buy at supermarkets and the foods we eat out at restaurants. These foods contain far more sodium, sodium from the sodium chloride, than is necessary. And [with] that excess sodium, we're consuming roughly 50% or 100% more sodium than we ought to. We need to cut out about one-third to one-half of the sodium in our diet. And if we did, that would dramatically decrease rates of hypertension and consequently heart attacks and strokes. It's a major killer, even though it's just not perceived as such. You know, it's been around so long, it's everywhere, and most people just consider it, yeah, I eat these foods and I feel fine. But we got to shake up people, so they realize that salt is a big killer. People need to read labels and we need to get industry to cut down on the salt so we don't have to worry about it so much.

**Ralph Nader:** Well, you were in the lead and getting food labeling, which included salt on products that people buy in the grocery stores. But your whole career has been about naming names and being very specific. And listeners, we're going to go through some of the products you buy, naming them, what stores they come from and the brand names in a moment. But to show you what the progression over the millennium has been in the consumption of salt, isolated tribes centuries ago consumed a hundred milligrams of salt a day. The Paleolithic foragers, centuries ago, went up to 800 milligrams a day. The recommended US limit now is 2300

milligrams a day. But the average US consumption per consumer is 3,400 milligrams a day. Now what's the incentive to load up food with salt?

**Dr. Michael Jacobson:** Different companies use it for different purposes. The basic thing of course is for the taste of the food. People have an innate taste for salty foods and that comes from the days, hundreds of thousands of years ago, maybe even millions of years ago, when humans and our ape ancestors lived in an environment that had almost no salt. And so, we evolved to have a taste for salt. Now obviously that's changed a lot where we're swimming in salt and that evolution is now working against us. So that's basically, you know, the taste. But also, I don't know whether it was thousands of years ago that people realized that salt was a good preservative, and it's been widely used, long used to preserve meat products, fish, and those foods have huge amounts of sodium. And the interesting thing, though, is you can often get lower-sodium versions of whatever food you're looking for. You got to read labels carefully and you'll see that American cheese has nine times more sodium than Swiss cheese. You know, it's an easy switch to go from American to Swiss cheese. The typical Campbell condensed soup has 800 milligrams per cup. Yet Campbell makes lightly salted soups that have about 300 milligrams per cup. And one of the crazy things is, in supermarkets, you can get Campbell's soups for kids, which have cartoon characters on the label that have 480 milligrams per cup. But if you get those foods, and if kids are getting Campbell's soups in school, those typically have twice as much sodium than similar soups at the grocery store. So, lesson number one for consumers is when you're buying processed foods, read the label, compare one brand to another, or look for slightly different products that can give you much less sodium.

**Ralph Nader:** Well, on page 13 of your book, just out, *Salt Wars: The Battle Over the Biggest Killer in the American Diet* by Michael F. Jacobson, MIT Press, there's hardly a single sentence that is wasted in this book, Mike. I felt sorry for your editor. [Dr. Jacobson chuckles] Anyway, on page 13, you have like Walmart Great Value Meatlovers Calzone, 1600 milligrams; that's two-thirds of a day's worth of sodium.

**Dr. Michael Jacobson:** In that one food.

**Ralph Nader:** Yeah. You have Conagra brands, Banquet Mega Bowls Buffalo-Style Chicken Mac 'N Cheese, 2100 milligrams in that dish. You have Bob Evans Sausage & Potatoes Bowl, 1,470 milligrams, Tabasco Bloody Mary Mix, eight ounce, 1,380 milligrams. And then there's this one, Hormel Macaroni & Cheese Pasta, 10 ounces, 1,250 milligrams; Libby's Spaghetti & Meatballs, 14.5 ounces, 1,280 milligrams. Now, people, I'm sure in your research, you've met people who say, look, I like salt; salt helps to control bacteria; it helps deal with spoilage in various products, as you indicated. And I have a real taste for salt. I really can't go to a movie without having a whole bucket of salted popcorn. What do you say to them?

**Dr. Michael Jacobson:** That their tastes have been molded by the foods in the environment. And if sodium levels were gradually decreased over a period of years, you know, five years say, if they were cut in half, people would be perfectly content with them. You know, I dug into my old files, you know, I have files going back to the seventies and eighties. And when I looked at some of the foods, I was surprised because Campbell's Tomato Soup, Nabisco Wheat Thins, [and] several other foods now have half as much sodium as they did back then. And clearly, these foods are selling quite well these days, [so] people don't mind the taste. We just got used to less-salty foods. And I think that's what that's what needs to happen. And in terms of a process, the government really needs to pressure or require industry to cut down on sodium.

**Ralph Nader:** It starts at an early age, right? I mean, there are kids today that don't like regular old-fashioned soup. They want soup heavy with salt. They won't eat regular soup. So basically, their taste buds are being commercialized or commoditized by the processed food industry, wouldn't you say?

**Dr. Michael Jacobson:** Absolutely, and it starts earlier than when kids go to school. There's an interesting study done in Europe 20 or 30 years ago, in which infants were given either regular infant formula or lower-sodium infant formula. So, these kids were zero to six months old, and when the kids were five years old or so, their blood pressure, the kids who had the lower-sodium formula had lower blood pressure than the kids with the higher-sodium formula. Then the researchers waited another 10 years or so when the kids were in high school and looked at their blood pressure. And the kids who started off on low-sodium diets still had lower blood pressure than the kids who ate regular infant formula. So, this starts from the time we're born, and we really need to change that. But what we've seen over the decades is companies being very reluctant to lower sodium. And as a consequence, we're consuming as much sodium now as we did 30 years ago. That's when the first numbers became available.

**Ralph Nader:** Mike, is their marketing strategy that if they really salt up the food, people are going to want to eat more of it, just the way the soft drink companies do with sugar?

**Dr. Michael Jacobson:** Companies don't want to change what they're doing. They fe

ar that if they use less salt, then consumers will reject their products. But some companies—I talked to Conagra, it was probably 10 years ago, which was trying to get rid of trans fat and lower sodium. And they found that in some of their foods, they were using unnecessarily large amounts of salt, [and] that they could cut down and sodium and people wouldn't taste any difference whatsoever. And so, for a lot of products made by a lot of companies, it would be very easy to cut back by 25%, 30%; that can make a real difference over the long term in people's health.

**Ralph Nader:** What diseases are generated by high salt diets or exacerbated?

**Dr. Michael Jacobson:** Well, the big thing of course is high blood pressure and high blood pressure is a primary cause of heart attacks and strokes. So that's really the biggie, and that's where most of the publicity has been. But there's a lot of research also showing that high blood pressure doesn't just affect the heart and the brain, but it also affects the kidneys. And kidney disease is a huge killer in this country. And it goes farther than that. You know, our blood vessels go everywhere in the body. So, they go into the eye, for instance, and retinopathies can be caused by high blood pressure and stiffening of the arteries going to the eye, and that leads to blurred vision or even blindness. High blood pressure can also cause erectile dysfunction [ED]. And there's such a close link between erectile dysfunction and high blood pressure that when somebody complains to a doctor about ED, the doctor says, let's check your blood pressure, and very often discovers that this person has hypertension, unrecognized hypertension.

**Ralph Nader:** What about people, Mike, who have low blood pressure, and sometimes they're advised to sprinkle a little more salt in their daily diet?

**Dr. Michael Jacobson:** Yeah, there are some people with low blood pressure. We call it low blood pressure; it probably is normal blood pressure. And the rest of us have high blood pressure. But if somebody has a blood pressure of say 90 over 60, I wouldn't worry about salt. If their blood pressure is typical of a young person, 120 over 80, they should cut back on salt because 80% or 90% of us are going to develop high blood pressure by the time we get into our seventies or eighties. So, it's worth doing for everybody. And that again shows the advantage of approaching this very serious problem, not on an individual basis where every person has to read every label all the time. But instead, taking a public health approach, with the government setting limits saying you can't use more sodium than this amount in cheese, this other amount in bread, another amount in meat. That would be one approach to lowering sodium levels throughout the food supply and preventing high blood pressure.

**Ralph Nader:** Well, let's show our listeners just how bad their exposure can be, by going in your book to page 15, where you have a list of restaurant chains. This is really staggering. You have the US-recommended dose of 2,300 milligrams of salt per day. Okay, that's the standard. Now you walk into a Jimmy John's restaurant and you go for a Gargantuan on French Bread, a 16-inch. It has 7,830 milligrams; [that's] three-and-a-half times the day's worth of recommended sodium intake. Then you go across the street to the AMC [American Multi-Cinema] movie theater, where you take up Bavarian Legend soft Pretzel [with] 7,600 milligrams of salt; again, about three-and-a-half times the day's worth of sodium. You come on or the movie theater and you're hungry, so, you go to P.F. Chang's Long Life Noodles & Prawns, a mere 4,120

milligrams, or you decide to go to Red Lobster and take on the Admiral's Feast on the menu, 5,000 milligrams. You go to KFC and you have some Popcorn Chicken Nuggets, large; that's only 1,890 milligrams of sodium. Now you've been fighting to get menus to have full disclosure here. How successful have you been?

**Dr. Michael Jacobson:** We've been very successful at getting calories listed on the menus of chain restaurants, but there are only two cities that have warning notices [for] meals high in sodium, New York and Philadelphia. They require a saltshaker icon next to meals that have more than a day's worth of sodium. That's quite a high threshold at which to warn people. But at least those two cities have made an effort to warn people about high-sodium meals. It's the kind of thing that every restaurant should be required to do.

**Ralph Nader:** We're talking with Dr. Michael Jacobson, who is the author of *Salt Wars*, brand new book, subtitled *The Battle Over the Biggest Killer in the American Diet*. Where does the salt come from? There's sea salt that's promoted; there are salt mines. Are some salts more contaminated than others by the pollution in the environment?

**Dr. Michael Jacobson:** I wouldn't worry about pollutants in salt. Most of our salt comes from salt mines in several places around the country. In some places we get sea salt, not marketed as such, but when you fly into San Francisco [International] Airport, you can see the salt drying along the San Francisco Bay. Some companies market sea salt as if it were some fabulous health potion, but in terms of health, it's essentially the same as regular salt. Don't be deceived into thinking that just because it costs 10 times as much as regular salt, that it's 10 times as good. There's no real difference.

**Ralph Nader:** Okay. Let's dive deeper in your book. You have a section on what other countries are doing that you think is more sensible than what the activity and standards are in the US. Can you give us a review of that?

**Dr. Michael Jacobson:** Well, I think the best examples come from Latin America, where first, Chile, and then Uruguay, Mexico, and Peru, decided to take on nutrition, and much more broadly than just sodium. They set limits on how much sodium and saturated fat and calories and sugar should have. And then they require a little stop sign logo on any food that has more sodium or saturated fat than the government standard. If a food is high in sodium and saturated fat and sugar, then it's going to have three of these stop signs on its front label, you know, very noticeable. And I don't think there are any companies out there that want to have three stop signs on their label. And that kind of labeling has spurred many companies to greatly improve their products. And so, it's not a government mandate saying you must not contain any more sodium

than this or no more sugar than this. They're saying use as much as you want, but you're going to have to put a warning notice in any food that has excess sodium. So, that is the most effective labeling that I've seen in the decades I've followed nutrition.

**Ralph Nader:** What's interesting about your book is how specific it is. And you have some eyewitness accounts by people, by name, around page 190-191 under a headline that says: "Tips from people who cut the salt and improved their health". I remember when my mother was preparing foods for us, she very rarely added salt, because she had natural flavors of the vegetables and the soups and the various recipes [for] what is now called the Mediterranean diet. But it was Arabic cuisine, which I incorporated in my book, if I give a plug here for *The Ralph Nader and Family Cookbook: [Classic Recipes from Lebanon and Beyond]*. She actually viewed salt as a cop-out from not relying on the natural flavors of fresh food, which she cooked from. She always cooked from scratch as she put it.

So, let me just read quickly a couple of these eyewitness testimonies, and it's from Cameron from Pensacola, Florida. "I'm a 60-year old female with a strong family history of cardiovascular disease. I went from a low-salt diet to an almost no-salt one and have been eating an exclusively plant-based diet for 20 years. My daily sodium intake was probably between 2,000 and 4,000 milligrams. After the change, it's probably about 2000. Even that modest change plus exercise lowered my blood pressure over three months from 130 over 80 to about 110 over 70 on an average day. I've never taken meds for high blood pressure, but had another medical problem that made it important to lower my blood pressure. As a control, I didn't change my diet or exercise habits, and so credit the change with lowering sodium intake." And Susan at Paso Robles in California, "I believe my blood pressure responded when I lowered salt intake significantly and increased consumption of fruits and vegetables. I didn't lose weight or eat less as I'm already on the thin side, but I exercise regularly and have done so for years." Mike, there's a lot of controversy here as in most cases, when it comes to food and nutrition. You think the overwhelming amount of evidence, and scientists support your case for lowering salt intake as a way of saving lives, but who's on the other side?

**Dr. Michael Jacobson:** Well, first on the one side, we have the National Institutes of Health, the Department of Agriculture, the American Heart Association, the World Health Organization, and I can go on and on. And they base their positions on the hundreds of studies that have been done showing that if you raise salt, you raise blood pressure. And if you raise blood pressure, you'll increase the risk of cardiovascular disease. On the other hand, there are a few scientists in the United States, Canada and Europe who've done studies that suggest that lowering salt could be dangerous. And so, they're arguing for the status quo. Their studies are junk. They've been, from the very beginning 30 years ago, the mainstream scientists have pointed out that the studies have a tragic flaw; they didn't measure sodium intake accurately. And if you use the data from their studies or similar ones, and you measure sodium intake gradually, that increased risks of low-sodium intake disappears, just vanishes. And last year, the National Academy of Sciences dismissed that contrarian research.

So, I'm hoping that now there's a kind of a very authoritative agency that looked at the data and said that the evidence indicating that lowering sodium is risky, is just flawed research and should be ignored. So hopefully, there'll be some more progress in the future. Interestingly, about a year ago, the salt industry's trade association, called the Salt Institute, closed its doors, just vanished. And nobody knows why; they're not willing to admit why they closed their doors. But that gets rid of an annoyance in the atmosphere. They really lobbied Congress [and] lobbied the administration, to stop any criticism of salt; that has disappeared from the political landscape, from the media landscape. There've been, over the years, that flawed research has persuaded some of the most prominent media organizations like *the Washington Post* and *the New York Times* and others to say that, to pick a headline, "Everything You knew About Salt Was Wrong". And to say, we need a lot more research on salt and disease. But the American Heart Association, the World Health Organization don't make their decisions lightly on a whim. They wait until the evidence is really overwhelming before they come out with a position. And they've been saying for decades, cut back on salt.

**Ralph Nader:** Aren't you also fighting some prominent chefs? The late James Beard and his best-selling cookbooks fostered salt; a lot of chefs talk about salt on cable TV. What about the chefs?

**Dr. Michael Jacobson:** Yeah, they're a problem. And there've been a couple of turncoats, where Craig Claiborne, the prominent *New York Times*, now deceased, food writer, had been using salt all throughout his life. And once he developed high blood pressure, he said, we got to cut down on salt. So, there are a few turncoats. They look at salt and butter as their two major crutches; they add it to everything to make foods taste good. But I don't know how much influence they have, you know, clearly some influence. But I think for the consumer, there are three basic things we need to do, which I spell out in *Salt Wars* and give some hints. First thing is cook more from scratch, where you have control over how much sodium you add to the foods. Second thing is when you're buying processed foods, read labels carefully; compare one brand to another; look at similar foods and see if you can find lower-sodium versions. And the third thing, and this is what people hate me for, eat out less, because those meals are so high in sodium that whatever restaurant you go to, except maybe for a salad restaurant where the salad is low in sodium, but the salad dressings and the croutons and the cheeses are high in sodium. So, eat out less often. When you do eat out, eat smaller portions. Set half of it aside immediately and ask that the water put it in a doggie bag. So those are the three rules for cutting down salt and those rules can save your life!

**Ralph Nader:** What about the school lunch program? Millions of children.

**Dr. Michael Jacobson:** As you pointed out, it's so important to get kids accustomed to less salty foods. The Obama administration in 2012, published restrictions on sodium in school meals. And those were three stages of reductions. The first stage occurred in 2015, while the Obama administration was still in office, but then [Donald] Trump came in and the Secretary of Agriculture said that he's going to make school lunches great again. And what they did is they delayed the rule that was supposed to go into effect in 2017, delayed it for five years or seven years, and then killed the third rule that was going to bring sodium down to the levels that the National Academy of Sciences recommended. And that wasn't some brilliant idea of Secretary Perdue on his own. It was thanks to the food industry that sold processed foods to schools. So, you know, even with school lunches, you know, feeding kids, healthy meals, there's politicking going on over that because there's billions of dollars at stake. Hopefully, the Biden administration will reinstate the Obama rules for limiting sodium in schools.

**Ralph Nader:** Before we let Steve and Dave in on it, I'll bet you, some of our listeners who subscribe to *Nutrition Action*, want you to answer the following question. You've made a real case for sugar and fatty foods being deadly to people's health, increasing obesity and other consequences of heavy sugar and heavy-fat diets. Where do you put those on the scale with salt?

**Dr. Michael Jacobson:** A little lower than salt. You know, high sugar diets have certainly contributed to weight gain, probably heart disease. Most of the evidence is on soda pop. One big difference between sugar and sodium is that you can deal with sugar pretty well just by cutting down on sugary beverages [such as] soda pop [and] some of the sugary drinks you can get at Starbucks and other places. With sodium, salt isn't used in half the foods. The single biggest source of sodium is bread. You know, we don't perceive that as a salty food, and it isn't extremely high in sodium, but so many people eat so much bread that that puts bread at the head of the line for salt, for sources of sodium. And fat is a complicated story. Saturated fats are the ones that contribute to heart disease. Polyunsaturated fats reduce the risk of heart disease. So, you could balance the fats and come out okay. And there's somewhat a similar situation with salt. We're talking about sodium chloride. There's another salt called potassium chloride. It's not quite as salty as sodium chloride, but companies can replace half the salt, table salt, with potassium chloride, and dramatically reduce sodium levels in their foods. You can't replace all the salt with potassium chloride or potassium salt, because that has a bitter taste if it isn't balanced with regular salt. But that's one of many tricks that can be used to lower sodium in packaged and restaurant foods; just replace some of the salt with potassium salt. And then as your mother knows, herbs and spices, using real ingredients like more vegetables in a soup than typically used in a soup; real foods convey the flavor that other foods need salt to provide.

**Ralph Nader:** You know, [if] people want more information, so concrete, you can call it kitchen table information right up-to-date, dealing with the various food products you all consume, listeners. You can go and subscribe to *Nutrition Action*. How would they get that, Michael?

**Dr. Michael Jacobson:** Easiest thing is go to the web; do a search on *Nutrition Action*.

**Ralph Nader:** That's easy enough. It comes out how many times a year?

**Dr. Michael Jacobson:** 10 times a year.

**Ralph Nader:** There it is. Well, we're out of time. We've been talking with Dr. Michael Jacobson, one of the co-founders of the estimable Center for Science in the Public Interest, which has huge circulation for its newsletter, *Nutrition Action*, which I might add makes an excellent gift for the coming holidays to anybody who you think needs to up their nutritional intake in an interesting graphic way. Thank you very much, Michael.

**Dr. Michael Jacobson:** Thank you very much, Ralph, for having me. Greatly appreciate it.

**Ralph Nader:** Again, the book is *Salt Wars: The Battle Over the Biggest Killer in the American Diet* by Dr. Michael Jacobson.

**Steve Skrovan:** We have been speaking with Dr. Michael Jacobson, author of *Salt Wars*. We will link to his book at [ralphnaderradiohour.com](http://ralphnaderradiohour.com) along with the *Nutrition Action* newsletter. Let's take a short break. When we return, we are going to talk to an expert on fraud schemes, Elliot Greenblott. But first, let's check in with our corporate crime reporter, Russell Mokhiber.

**Russell Mokhiber:** From the National Press Building; Washington, D.C., this is your *Corporate Crime Reporter*, Morning Minute for Friday, November 27, 2020; I'm Russell Mokhiber. A wrongful death lawsuit tied to COVID infections in a Waterloo, Iowa pork processing plant, alleges that during the initial stages of the pandemic, Tyson Foods ordered employees to report for work while supervisors privately wagered money on the number of workers who would be sickened by the deadly virus. The lawsuit alleges that in mid-April, around the time Black Hawk County Sheriff Tony Thompson visited the plant and reported the working conditions there "shook him to the core" the plant manager organized a cash buy-in, winner-take-all, betting pool for supervisors and managers to wager how many plant employees would test positive for COVID-19. That's according to a report in the *Iowa Capital Dispatch*. "We are extremely upset about the accusations involving some of our leadership at the Waterloo plant," said Tyson Foods President Dean Banks. For the *Corporate Crime Reporter*, I'm Russell Mokhiber.

**Steve Skrovan:** Thank you, Russell. Welcome back to the *Ralph Nader Radio Hour*. I'm Steve Skrovan along with David Feldman and Ralph. We know our next guest is very careful about preventing scams and we know he's good at what he does, because when we contacted him to do the show, he made us prove we really were who we said we were. David?

**David Feldman:** Elliot Greenblott runs Vermont's AARP's Consumer Fraud Education program. Mr. Greenblott pens a regular *Fraud Watch* column for New England newspapers publications, which include the *Brattleboro Reformer*, *Bennington Banner*, *Manchester Journal*, and the *Berkshire Eagle* of Pittsfield, Massachusetts, where he informs readers about how to protect themselves from the latest scams. He also tapes a regular public access show, *Mr. Scammer*, on the same topic. Mr. Greenblott served as justice of the peace in Vermont for 30 years. Welcome to the *Ralph Nader Radio Hour*, Elliot Greenblott, if that is your real name.

**Elliot Greenblott:** It definitely is. And thank you.

**Ralph Nader:** Elliot, welcome indeed. There seems to be two levels here of deception. One is the hardcore scams by fly-by-night companies and the other is the hollowing out of traditional Medicare by something called Medicare Advantage—which I call Medicare disadvantage—that uses all the Medicare imprimaturs and what would be called trademarks and reputation to lure elderly people sometimes by lunches, pre-COVID, into a corporate plan. Essentially, it's corporate insurance with a Medicare advantage label. And it's Dr. Fred Hyde, who knows what he's talking about, told me recently, he said about Medicare Advantage. "It's not what you pay; it's what you end up getting when you need it." And so, in the mail, I'm sure listeners have been getting a barrage of mail. [The] Medicare Advantage industry is using Joe Namath on cable TV to advertise it's the enrollment period, which goes until December 7th. But here's something someone sent me recently. It's by some company called Assurance out of Seattle, Washington. They give their address, 920 5th Avenue, Suite 3600, for whatever that's worth, as well as all kinds of phone numbers. And they basically start out by saying, "Our October 13th Assurance conducted an analysis for X person residing at Y place." I don't want to give their names. And it continues, "Our research indicates you would be eligible for additional Medicare benefits with a Medicare Advantage plan." Well, there's one problem; the person is deceased for 22 years. And so that is something that the Federal Trade Commission should stop and move in on. And they're supposed to go after deceptive advertising. And then there's another one that was sent to me. It came in the mail. Here's where they trade on Medicare's reputation. It has "Medicare notice. Please call to confirm your eligibility. We're trying to reach you regarding your eligibility for Medicare Advantage Plan that may include additional benefits." And then they give the number that you're supposed to call. But down in the lower right-hand column in tiny, tiny print, there is, among other cautions, a statement that says, "Medicare has neither reviewed nor endorsed the information contained in this advertisement." So why is Medicare under both pressure? This all started with both Democrats and Republicans in Congress. They think, well, this is another type

of plan; Medicare Advantage will give you different benefits. But I've gotten a lot of complaints from people who've had serious hospital operations, and they've been driven up the wall by denial of benefits, partial payments of benefits by these Medicare Advantage companies. Well, this was a long way by saying, Elliot, doesn't AARP have the clout with national level, the biggest circulation magazine in the United States, their influence over Capitol Hill; there are thousands of chapters around the country. Can't they deal with this Medicare Advantage before Medicare itself is corporatized and commercialized? Already one out of three elderly have been drawn into Medicare Advantage. A lot of them find out that it's not such a good deal, and they go back to traditional Medicare, which is still permitted. Let's start with AARP here because you are very active in AARP and are doing a yeoman's job in Vermont. What about the national AARP and all the other chapters? Is this a priority for them?

**Elliott Greenblott:** It isn't in the sense that for the chapters and for the state organizations, we're primarily looking at in general, livable communities and supporting what's happening within the state. So, my volunteer work is primarily with the State of Vermont. And I don't deal with the national office more than in passing, other than when I am receiving the same information that every other member receives as a member of AARP. I think, you know, there's a clear division that we have to make. First of all, you mentioned something that I think is really important and that is that during this open enrollment period, there is a very heavy commercial emphasis on selling the Medicare Advantage Plans. And I'll even say that AARP is one of the purveyors of those plans. The problem may not be so much what the plan is, but the fact that most people don't investigate before they sign on the line. So, we see a lot of people who are lured in, regardless of who the plan is being provided by, but they're given a list of this is free, that is free. And so, the impression is everything is free, which is far from the truth. Insurance companies don't make money by giving things away. They make money by selling things. [Ralph chuckles] So, you know, the fact that this is in the marketplace may be regrettable, but the bigger issue is people need to be more aware of what they're doing when they're out there. And there's something that's really clear here, and that is the word "free". And if you watch these ads on TV, or if you look at mailers that come, it's an emphasis on freedom and free. And you know, I always do presentations on fraud when I say, "if it sounds too good to be true, it likely is." And I think people have an expectation that may be beyond what the truth is on a particular offer. The other thing, you know, there are a lot of illegal operations that are trying to capitalize. And what we find in the Fraud Watch program is that any technique that is utilized by commercial marketing as an approach to the sale of products or services, con artists are very much aware of what those are. And I sense that, you know, you're not dealing with it as much of an organized approach as I do. Because one of the things that is very evident is the people involved in professional scams are professionals. They're well-educated in what they do, and they know how to use psychology as a way to get at people.

**Ralph Nader:** You know, Elliot, in your November 21st, 2020 Fraud Watch statement, you have a paragraph that just jumped out. It just shows how totally abdicatory our government is. The Federal Trade Commission, the Department of Health and Human Services. And I'm going to quote "In 2019, at least \$60 billion—with a B dollars—was lost to Medicare fraud, and additional unnecessary costs were the result of errors. Medicare fraud basically occurs across the

system: medical care, telemedicine, home health care, hospice care, diagnostic testing, transportation, and of course, prescription drugs.” And a lot of what we're talking about, listeners now in terms of ripping off or defrauding people under the banner of Medicare, applies to Medicaid too. So, the government is pouring all kinds of money, which we all contribute at some time in our lives, through the tax system. They're putting all this money in and it's draining out with huge holes in the barrel that aren't being subjected to criminal law enforcement. This is a corporate crime. \$60 billion a year? That's over a billion dollars a week, just ripping off Medicare. Whole syndicates of operators, who as you say, are very slick. Sometimes they involve actual licensed lawyers, licensed doctors and other practitioners. Don't you think it's time to make corporate crime law and order a big political issue, a big electoral issue and a big AARP issue? They've put out a lot of good articles teaching people how to avoid scams on the telephone and so on, but that's the end product. That's the most difficult—to try to get people who have other things and other worries to search through the fine print or to have a heavier skepticism when the smooth-sounding voice comes across the telephone. The preventive part is the government. That's where you can cut it off at the source. And there's almost no money from Congress, not by accident, to beef up the enforcement budget of the Department of Health and Human Services. I don't think last time I checked, Elliot, they recover more than \$2 billion to \$3 billion a year out of that \$60 billion ripoff on Medicare by outside private vendors and scams. Your reaction.

**Elliott Greenblott:** I agree with you. You know, the government could do a lot more in terms of fighting the fraud. Part of the problem is that people don't report it. And rather than, you know, what happens at the level of the government itself, we find that there's under-reporting of fraud in all areas. And it's very troubling because there are numerous reasons. You know, people feel ashamed if they're a victim of fraud; they're in denial quite often. And even, you know, there's the sense of fear that there will be some kind of reprisal. But one of the biggest issues in terms of not reporting fraud when it occurs in Medicare is there's a general attitude, well, it's not my money. It's not coming out of my pocket, so why should I worry about it? And people don't look at the bigger picture and say, yeah, it is coming out of my pocket. It's coming out of my son's pocket, my daughter's pocket, my friend's pocket, you know, as you mentioned, through taxation. So, if people took it more seriously and considered Medicare fraud as fraud, even though it doesn't come out of their pocket, you know, it's something that can be very easily reviewed. People don't look at those statements that they get from their insurance company or from Medicare. They just kind of chuck it in the trash and without looking at it, you can't verify whether the service is something that you received. And there are criminals out there who are very willing to steal Medicare numbers, file claims in your name and then collect the money. So, it's a matter of reporting it. If I see that there's a \$5,000 benefit that was paid in my name, but I never received anything, I need to report that. I need to report that to CMS using their website, cms.gov. Federal Trade Commission takes an active role. Now some of the criminal behavior occurs from criminals who are outside the United States, which obviously makes it very difficult to home in on them. But a number of them are, as you pointed out, providers in the United States, including attorneys [and] medical professionals who are taking money out of the system illegally.

**Ralph Nader:** Well, you know, it's gotten so bad that some of the drug dealers fleeing prosecutors decide to go into this business in cheating Medicare/Medicaid. It's more money and it's easier. Is there a 1-800-HOTLINE that people can report this to?

**Elliott Greenblott:** The best thing to do would be to go online to [www.cms.gov](http://www.cms.gov), which is the home website for Medicare. The other place to go is [ftc.gov](http://ftc.gov), Federal Trade Commission, where you can file complaints and reports. And we also recommend that you contact your state attorney general's office. They can be very effective in bringing pressure from that level of government because states are under siege from these same criminals. And if they can get a lead on it, I think, you know, you're going to be beating that criminal element; but yes, it's lucrative.

**Ralph Nader:** But anyway, Steve, we're running out of time, unfortunately, Elliot. Steve, David, any quick input?

**Steve Skrovan:** Yes, yes. Elliot, as a practical matter for our listeners, can you sort of bullet point the steps to take or the telltale signs that let them know when they get a phone call or a missive that they are being scammed?

**Elliott Greenblott:** First of all, you will not get a call from Medicare **ever**, unless you have already reached out to Medicare and asked them to contact you. So, a cold call from Medicare saying, hi, this is Fred Jones, and my badge number is 2575, and I'm with Medicare; it's not going to happen. Same thing is true by the way of Social Security [and] the IRS. But what happens is people hear a government agency and either they're struck with fear, or they're struck with obedience because we have this kind of willingness to submit to authority. And so, people will listen to it instead of simply hanging up. And that's where you get caught because then emotion begins to kick in, and once you get emotional--con artists refer to it as putting you under the ether. So, once you get emotional or anxious, you end up losing common sense and reason. So, the first thing is, they're not going to call you. It's not going to happen. The second thing is that you need to step back when an offer is made to you, even if it's a legitimate offer, and weigh it. We find that people don't ask questions. Instead, they let whoever is contacting them ask questions. Think about the last experience you had buying a car or almost anything. You don't ask the questions; the salesperson does. So, we need to take control of that part of the process. And then, you know, we've got a little better grasp on what's happening. The other thing is we're all taught to be polite, at least, you know, most senior citizens have been taught to be polite. And that can be the undoing because you don't end up being rude and hanging up. Instead, you're polite, and that puts you at a disadvantage in this kind of a situation.

**Ralph Nader:** Well, that's good advice.

**Elliott Greenblott:** Yeah. We also know--why seniors? Well, you know, seniors have entitlements. They're beneficiaries and that attracts criminals. Many of them have a nest egg, maybe not a big one, but they may have an IRA that they had or a 401k. And given COVID today, they are more and more in isolation. So, you tie all these things together and the picture is really dark. So, you know, you try and bring this out and from my perspective, my goal is just to provide people with some basic willingness to question, not to take things at face value, but to look at what's happening around them before they commit to anything. And if people did that, then I would say the vast majority of the fraud that I deal with, that I see happening, that I counsel people on, that would be gone.

**Ralph Nader:** David, quickly?

**David Feldman:** Can you give me the headline? Because I find this confusing about Medicare Advantage. What do I tell people who are about to turn 65? What's the alternative to Medicare Advantage? What is the headline that I can tell them?

**Elliott Greenblott:** One, you got Medicare itself, which pays roughly 80% of most of your medical costs. Two, you have a medical Medicare supplemental plan, which is marketed by private insurance companies, which is designed to pick up the majority of that 20% that isn't covered by Medicare. There's a premium; there's usually some form of a copay or out-of-pocket expense. I'll use myself as an example. I don't have a Medicare Advantage program. Instead, I have a supplemental plan. It has a \$600 out-of-pocket maximum. So, once I've spent 600 on my copays and my out-of-pocket, I'm not paying any more for medical care. That's different form of coverage. And frankly, it's a good one.

**David Feldman:** And who should people contact in order to sign up for this?

**Elliott Greenblott:** Okay. As I said before, the best place to go is to the Medicare website, medicare.gov or cms.gov. And you can see on their websites where you can compare plans and it is done on a state-by-state basis, because Medicare plans, whether it's supplemental plans or Advantage plans, differ by state. So, if you go to the federal website, you can compare whatever is available in your state and then do your due diligence in terms of research.

**David Feldman:** It's a hard country to live in.

**Ralph Nader:** I think, David, traditional Medicare is what most people are on. A third were lured into Medicare Advantage. And what Elliot is talking about, there's what's called, from beginning of Medicare, there's something called Medigap insurance, which private insurance companies, and actually the AARP has a Medicare Advantage plan to fill in the gaps in that 20%.

**Elliott Greenblott:** I think, you know, Medigap is kind of a nickname for it. So, look for supplemental Medicare plans.

**Ralph Nader:** That's right. Well, we're out of time, Elliot. Thank you very much for your good work. We're talking with Elliott Greenblott who puts out a report in Fraud Watch regularly as a volunteer with the AARP chapter in the green state of Vermont, Bernie Sanders's county. Thank you very much, Elliot.

**Elliott Greenblott:** You're welcome.

**Steve Skrovan:** : I want to thank our guests again, Dr. Michael Jacobson, of course, Elliott Greenblott. For those of you listening on the radio, that's our show. For you, podcasts listeners, stay tuned for some bonus material we call "The Wrap Up". A transcript of this show will appear on the *Ralph Nader Rader Hour* website soon after the episode is posted.

**David Feldman:** Subscribe to us on our *Ralph Nader Rader Hour* YouTube channel. And for Ralph's weekly column, it's free, go to [nader.org](http://nader.org). For more from Russell Mokhiber, go to [corporatecrimereporter.com](http://corporatecrimereporter.com).

**Steve Skrovan:** For a copy of *The Day the Rats Vetoed Congress*, go to [ratsreformcongress.org](http://ratsreformcongress.org). And also, check out *Wrecking America: How Trump's Lawbreaking and Lies Betray All*, co-written with Mark Green. We will link to both of those. And the producers of the *Ralph Nader Rader Hour* are Jimmy Lee Wirt and Matthew Marran, and our guest producer is John Richard. Our executive producer is Alan Minsky.

**David Feldman:** Our theme music “Stand Up, Rise Up” was written and performed by Kemp Harris. Our proofreader is Elisabeth Solomon. Our intern is Michaela Squier. Join us next week on the *Ralph Nader Rader Hour* when we welcome Catherine Sanderson, author of *Why We Act: [Turning Bystanders into Moral Rebels]*, a book that explores why the urge to do nothing is deeply ingrained. On behalf of everybody here at the *Ralph Nader Rader Hour*, thank you, Ralph.

**Ralph Nader:** Thank you, everybody. Stay safe. Take all the precautions in this COVID-19 era.